



125 N. Halsted 4th Floor
Chicago, IL 60661
(312) 559-8445
(877) RISING4
TID #: 36-4276352

RHODE ISLAND WC FEE SCHEDULE ORDER FORM

Company: _____

Attn: _____

Address: _____ Suite: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email Address: _____

QUANTITY	DESCRIPTION	COST/UNIT	AMOUNT
	2003 RI Fee Schedule Book	\$79.95	\$
	RI Fee Schedule Book Previous Year: _____	\$79.95	\$
	2003 RI Fee Schedule 3.5" Diskette (Txt tab and Excel)	\$799.95	\$
	2003 RI Fee Schedule CD-ROM (Txt tab & Excel)	\$799.95	\$
	TOTAL AMOUNT		\$

Fill out this form clearly and return with payment. Failure to do so will cause delays or errors in shipment. **Orders placed without a completed order form attached will be mailed to the address listed on the check.** Payment can be made with check or money order. Please make checks payable to "Rising Medical Solutions, Inc.". The check acts as your receipt. Send payment and the order form to the address above.